

DEADLINE:

Please return application
& supplemental
questionnaire in person
or by U.S. Mail with a
postmark on or before the
above date.

4:30 PM**FRIDAY****OCTOBER 08, 2004****City-County Employment Office**

Your Telephone # _____ E-Mail _____ Date _____

PUBLIC HEALTH EDUCATOR II**HEALTH DEPARTMENT - HEALTH PROMOTION & OUTREACH****Req. #04-0050-CI-1****SUPPLEMENTAL QUESTIONNAIRE**

Name _____ Social Security # _____

**Please allow 2 weeks from the closing date of this position before expecting to
receive notice (one way or another) with regards to an interview.**

PLEASE READ BEFORE COMPLETING:

The information you provide on this form will be used to further evaluate your training and experience as it relates to the position(s) for which you are applying. Be certain to include: paid employment, military history, volunteer experience, and any educational training and/or experience. NOTE: Please make certain that all employment history and education mentioned on this supplemental questionnaire also appear on your application. We screen all applications based upon the information you, the applicant, provide on these documents only. We do not refer to resumes.

This questionnaire is a supplement to your application and is made a part thereof and subject to all terms and conditions noted on the Application for Employment. Remember, you are responsible for the completeness and accuracy of this form as well as the application. Incomplete or omitted information on either of the documents could result in you, the applicant, not receiving full credit for your experience. So please, be as detailed as possible.

CRIMINAL HISTORY CHECKS WILL BE MADE ON TOP CANDIDATES.

1-1. Indicate if you have college level course work or a degree in the following:

1-2. Public Health

- ☐ None
- ☐ Course work
- ☐ Associate's Degree
- ☐ Bachelor's Degree

1-3. Health Education

- ☐ None
- ☐ Course work
- ☐ Associate's Degree
- ☐ Bachelor's Degree

1-4. Environmental Education

- ☐ None
- ☐ Course work
- ☐ Associate's Degree
- ☐ Bachelor's Degree

1-5. Public Administration

- ☐ None
- ☐ Course work
- ☐ Associate's Degree
- ☐ Bachelor's Degree

1-6. Enviornmental Sciences

- ☐ None
- ☐ Course work
- ☐ Associate's Degree
- ☐ Bachelor's Degree

1-7. Related field

- ☐ None
- ☐ Course work
- ☐ Associate's Degree
- ☐ Bachelor's Degree

List related field:

EXPLAIN:

2-1. Do you have experience in public health education or environmental health education?

- ☐ Yes
☐ No

If yes, list your employers and describe your experience.

EXPLAIN:

2-2. Do you have experience developing, implementing and evaluating public health education programs?

- ☐ Yes
☐ No

If yes, list your employers and describe your experience.

EXPLAIN:

3-1. Do you have experience providing leadership (had primary responsibility for) a grant funded program?

- ☐ Yes
☐ No

If yes, list your employers and describe your experience.

EXPLAIN:

4-1. Do you have experience developing and conducting health education programming for school-aged children?

- ☐ Yes
☐ No

If yes, list your employers and describe your experience.

EXPLAIN:

5-1. Do you have experience coordinating/implementing tobacco prevention and education programs?

- ☐ Yes
☐ No

If yes, list your employers and describe your experience.

EXPLAIN:

6-1. Do you have public speaking and/or experience working with the media?

- ☐ Yes
☐ No

If yes, list your employers and describe your experience.

EXPLAIN:

7-1. Do you have experience using computers for the following?

7-2. Word processing

- ☐ Used occasionally
- ☐ Used daily
- ☐ No experience

7-3. Website development

- ☐ Used occasionally
- ☐ Used daily
- ☐ No experience

7-4. Electronic mail

- ☐ Used occasionally
- ☐ Used daily
- ☐ No experience

7-5. Desk top publishing

- ☐ Used occasionally
- ☐ Used daily
- ☐ No experience

8-1. Do you have experience working with businesses on employee health issues and/or environmental health changes?

- ☐ Yes
- ☐ No

If yes, list your employers and describe your experience.

EXPLAIN:

9-1. Do you have experience organizing and facilitating committees to accomplish a specific outcome?

- ☐ Yes
☐ No

If yes, list your employers and describe your experience including the type of committee/group.

EXPLAIN:

10-1. Do you have experience working with diverse populations (ethnic, cultural, age)?

- ☐ Yes
☐ No

If yes, list your employers and describe your experience, including the types of surveys.

EXPLAIN:

11-1. CRIMINAL HISTORY CHECKS will be conducted on the top applicants. PLEASE NOTE OUR POLICY.

In order to perform such checks, the Lincoln the Police Department requires the following information.

I understand that ALL convictions for any law violation (i.e., DUI, shoplifting, minor in possession, reckless driving, etc.) other than a minor traffic violation (i.e., parking ticket, speeding ticket), including convictions that have been ?set aside?, ?probationed? or ?pardoned?, must be listed on the front of the application form or on an attached sheet. Consideration is given to the offense and its relationship to the position for which you are applying. Failure to list convictions will be considered to be falsification of your application and result in automatic rejection. [Lancaster County Personnel Rules 5.4(c) and Lincoln Municipal Code 2.76.230(d)].

Please list your last name, first name, middle name, date of birth, sex, and any other names (i.e. maiden) you may be known by.

EXPLAIN:

12-1. Have you listed on the application form ALL jobs and education described on this questionnaire? (NOTE: FAILURE TO LIST ALL JOBS AND/OR EDUCATION ON THE APPLICATION COULD BE CAUSE FOR REJECTION BASED ON INSUFFICIENT INFORMATION. A RESUME CANNOT BE USED AS A SUBSTITUTE. PLEASE CHECK YOUR APPLICATION AGAIN.)

- ☐ Yes
☐ No